**PATIENT**

Izzy Lehan

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

FS

**AGE**

3 years

**WEIGHT**

11.5 kg

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine  
and Feline)**IMAGING  
PERFORMED BY**

Dr. Gromalak

**HOSPITAL NAME**

SVS Imaging

**REFERRING VET**

Dr. Daggett

**INVOICE**

12992

**DATE**

1/7/22

**PRESENTING CLINICAL SIGNS**

1/3 had hives after going to dog park, 1/4 was taken to primary care vet and was given antihistamines and red, 1/5 hives came back but she was fine otherwise. 1/6 started vomiting and having bloody diarrhea.

Abnormal PE/Chem/CBC/UA Results: Chem-decreased NA/K/CL, increased glucose/AST/ALT. CBC-elevated RBC/HGB/HCT/PCT/MCV (toxic changes and dohle bodies on diff) blood gases were normal. 4dx normal.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder was subnormal in size owing to a lack of urine distention. Full evaluation of the urinary bladder walls was limited owing to lack of urine distention, yet no overt evidence of inflammatory or neoplastic mural criteria. Minimal anechoic urine was present. No sediment or calculi was noted. The urethra exhibited normal thickness and tone to a depth of 3.0 cm.

No overt pathology was present in the area of the uterine remnant or aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.9 cm in length. The right kidney measured 5.1 cm in length.

**Adrenal Glands**

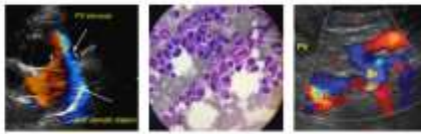
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole and 0.39 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole and 0.39 cm width at the cranial pole.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with

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mild gallbladder debris. No evidence of gallbladder wall edema, sometimes associated with anaphylaxis. The cystic and common bile ducts were normal.

***Gastrointestinal*****SPECIES**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and without evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.38 cm.

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The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with subjective propensity for segmental, mildly prominent mucosa, and prominent to mild echogenic submucosa. The jejunum wall width measured 0.34 cm. The duodenum wall width measured 0.44 cm. No evidence of mechanical / metabolic ileus or foreign material.

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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon was primarily empty with lumen dilation.

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***Pancreas***

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS*****Primary Findings***

- Gastroenterocolitis pattern - subjectively acute, dietary intolerance, enterotoxic insult, IBD, Infectious gastroenterocolitis or other possible
- Benign hepatopathy - reactive hepatopathy, nonspecific hepatitis (immune-mediated, infectious, etc.), hepatotoxic insult potentially secondary to dietary indiscretion, other hepatopathy
- Mild gallbladder debris (non-mucocele)- no evidence of gallbladder wall edema sometimes associated with anaphylaxis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further assessment of the liver may include, assuming normal clotting status, ultrasound guided FNA for screening cytology and potential identification of inflammatory cell type if present. Leptospirosis titers / PCR may be considered if potential exposure or if clinically indicated.

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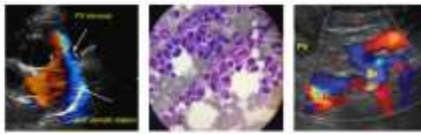
Potential for low-grade pancreatitis may be present yet sonographically normal. However, no overt sonographic evidence of pancreatic inflammation.

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Given the potential for possible dehydration, hospitalization with 24-48 hour IV fluid and gastrointestinal supportive protocol with monitoring of clinical response and hepatic enzymes is recommended. If persistent GI signs, fresh fecal analysis to assess for parasitic ova / Giardia and/or a GI panel to include PLI/TLI/Cobalamin/Folate may be considered.

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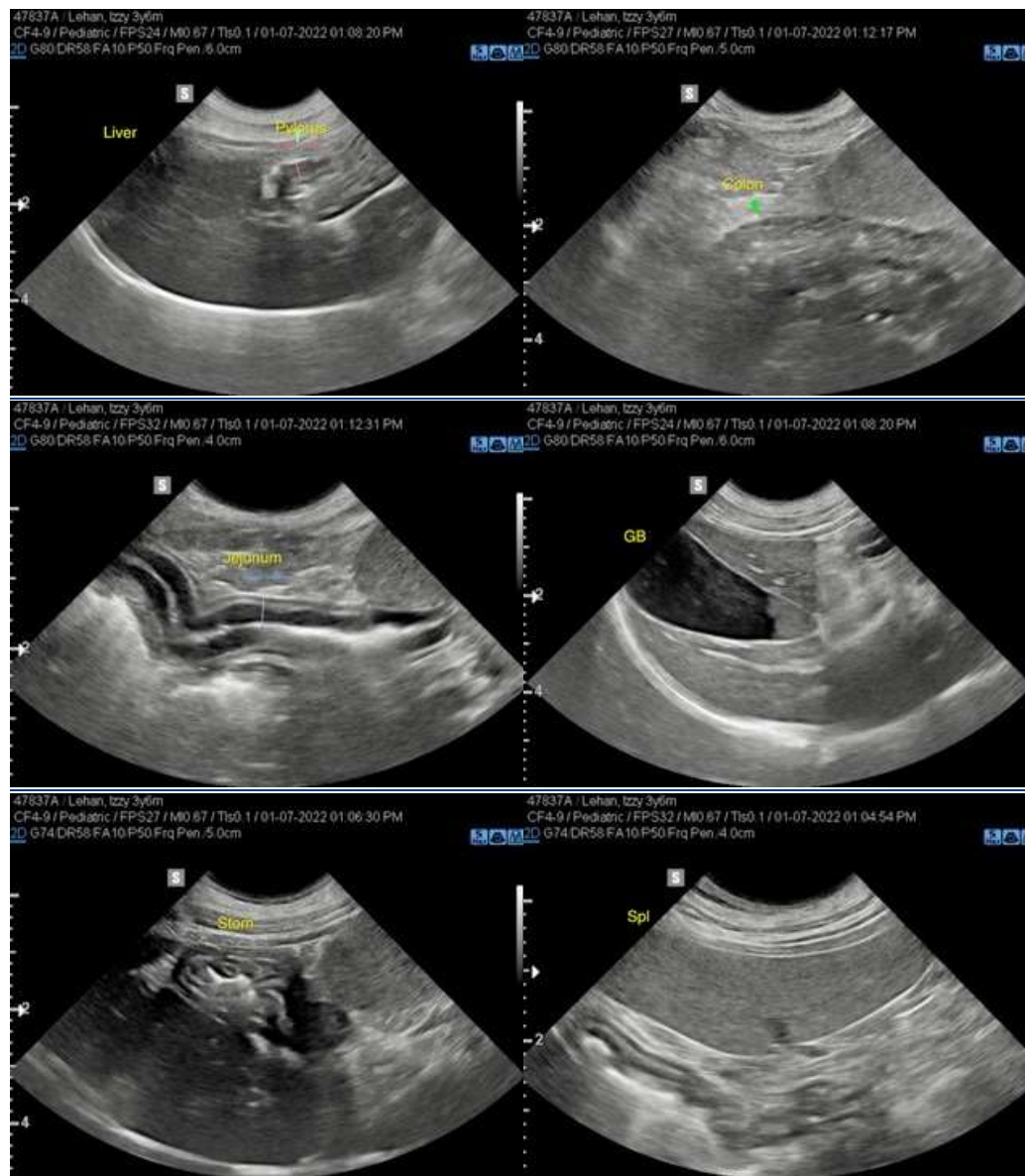
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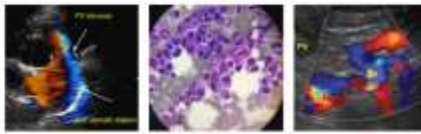
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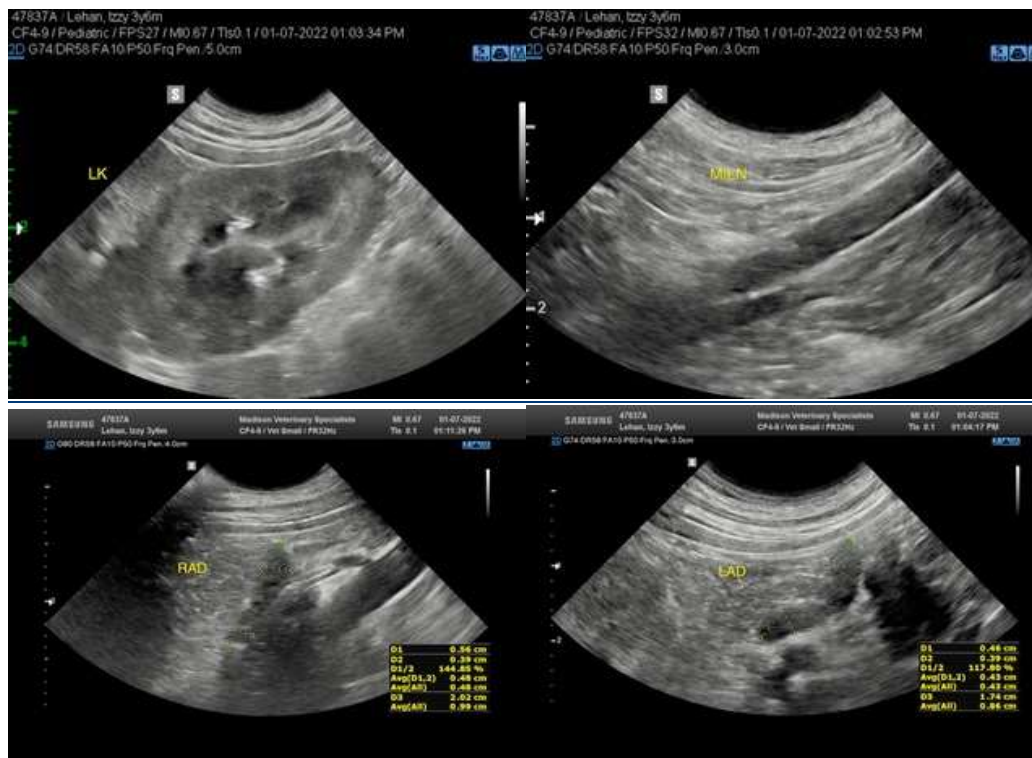
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
info@SonoPath.com